

UPDATED 5/7/2020

Instructions:

When the applicant's physical signature cannot be safely obtained due to the COVID-19 pandemic, the QE must read the following statement aloud to the applicant: **"I declare under penalty of perjury under the laws of the United States of America that the information contained in this statement of facts is true, correct, and complete. I am verbally authorizing <insert first and last name of QE> to sign this application for me."**

If the applicant verbally agrees to this statement, the QE must print this pdf, sign and date the printout, provide a copy to the applicant, and keep the original in the applicant's PE file.

This permission is limited to instances when the applicant's physical signature on the PE application (either paper application or printout of regular MPEP E-Signature page) cannot be safely obtained due to the COVID-19 pandemic. The QE is still required to meet all other regular PE requirements including but not limited to reviewing all application questions and answers with the applicant, explaining all PE program requirements to the applicant, and providing copies of existing PE forms (copy of the completed PE application, MPEP E-Signature page printout, and Notices of Action) to the applicant.

COVID-19 waiver – obtaining PE applicant's verbal **authorization to represent** in lieu of physical signature

In order to protect the health or safety of the applicant, provider, or general community due to the COVID-19 pandemic beginning March 11, 2020, the applicant has verbally authorized me to sign this application for them. I have reviewed the application questions and answers with the applicant verbally (e.g. by phone) to ensure the information submitted is complete and correct, and that the applicant understands all the requirements of the PE Medicaid program. **I have read aloud and the client has verbally agreed to the following statement of truth: "I declare under penalty of perjury under the laws of the United States of America that the information contained in this statement of facts is true, correct, and complete. I am authorizing <insert first and last name of QE> to sign this application for me."**

I am therefore signing this PE Medicaid application on behalf of the applicant.

By signing here, I also attest that I am providing a copy of this signature page and all other required documents (e.g. copy of the completed PE application, MPEP E-Signature page printout, Notices of Action) to the applicant, and keeping the originals in my PE file.

QE First and Last Name

QE Signature

Date Signed By QE